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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS PTO/SB/83 (04-08) Approved for use through 12/31/2008, OMB 0651-0035

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Application Number	10/668,791	$\overline{}$			
Filing Date	9/22/2003				
First Named Inventor	Bruce B. Gaillard				
Art Unit	3728				
Examiner Name	N/A ·				
AII D. I. (1)					

I GAIL-003 To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the practitioners of record: the practitioners (with registration numbers) of record listed on the attached paper(s); or the practitioners of record associated with Customer Number: _ NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number. The reason(s) for this request are those described in 37 CFR: 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4) 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv) 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3) 10.40(c)(4) 10.40(c)(5) 10,40(c)(6) Please explain below: Certifications Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. IVV I/We have notified the client of any responses that may be due and the time frame within which the client must respond. Please provide an explanation, if necessary:

[Page 1 of 2]

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PTO/SB/83 (04-08)

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